

County: Manitowoc
HAMILTON MEMORIAL HOME
1 HAMILTON DRIVE

Facility ID: 4020

Page 1

TWO RIVERS 54241 Phone:(920) 793-2261
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 85
Total Licensed Bed Capacity (12/31/02): 85
Number of Residents on 12/31/02: 78

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 81

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		30.8
Supp. Home Care-Personal Care	No					More Than 4 Years		47.4
Supp. Home Care-Household Services	No	Developmental Disabilities	2.6	Under 65	9.0			21.8
Day Services	No	Mental Illness (Org./Psy)	26.9	65 - 74	10.3			-----
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	25.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	11.5	65 & Over	91.0	-----		
Transportation	No	Cerebrovascular	15.4		-----	RNs		8.3
Referral Service	No	Diabetes	7.7	Sex	%	LPNs		7.6
Other Services	No	Respiratory	3.8	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.8	Male	21.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	78.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	277		48	82.8	109	0	0	0.0	0	16	100.0	140	0	0.0	0	0	0.0	0	68	87.2
Intermediate	---	---	---		10	17.2	91	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	12.8
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0			58	100.0			0	0.0		16	100.0		0	0.0		0	0.0		78	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing				Total	
				Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health 2.9		Bathing 0.0		46.2		53.8		78	
Private Home/With Home Health 0.0		Dressing 16.7		23.1		60.3		78	
Other Nursing Homes 7.2		Transferring 35.9		34.6		29.5		78	
Acute Care Hospitals 88.4		Toilet Use 33.3		29.5		37.2		78	
Psych. Hosp.-MR/DD Facilities 0.0		Eating 67.9		19.2		12.8		78	
Rehabilitation Hospitals 1.4		*****							
Other Locations 0.0									
Total Number of Admissions 69		Continence		% Special Treatments				%	
Percent Discharges To:		Indwelling Or External Catheter		6.4		Receiving Respiratory Care		7.7	
Private Home/No Home Health 9.6		Occ/Freq. Incontinent of Bladder		37.2		Receiving Tracheostomy Care		1.3	
Private Home/With Home Health 17.8		Occ/Freq. Incontinent of Bowel		24.4		Receiving Suctioning		1.3	
Other Nursing Homes 5.5						Receiving Ostomy Care		0.0	
Acute Care Hospitals 21.9		Mobility				Receiving Tube Feeding		1.3	
Psych. Hosp.-MR/DD Facilities 0.0		Physically Restrained		7.7		Receiving Mechanically Altered Diets		25.6	
Rehabilitation Hospitals 0.0									
Other Locations 4.1		Skin Care				Other Resident Characteristics			
Deaths 41.1		With Pressure Sores		3.8		Have Advance Directives		91.0	
Total Number of Discharges		With Rashes		0.0		Medications			
(Including Deaths) 73						Receiving Psychoactive Drugs		51.3	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary	Bed Size: 50-99	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group Ratio	Peer Group Ratio	% Ratio	% Ratio	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		95.3	85.1 1.12	88.5 1.08	86.7 1.10	85.1 1.12			
Current Residents from In-County		93.6	75.4 1.24	72.5 1.29	69.3 1.35	76.6 1.22			
Admissions from In-County, Still Residing		31.9	20.1 1.59	19.5 1.64	22.5 1.42	20.3 1.57			
Admissions/Average Daily Census		85.2	138.3 0.62	125.4 0.68	102.9 0.83	133.4 0.64			
Discharges/Average Daily Census		90.1	139.7 0.65	127.2 0.71	105.2 0.86	135.3 0.67			
Discharges To Private Residence/Average Daily Census		24.7	57.6 0.43	50.7 0.49	40.9 0.60	56.6 0.44			
Residents Receiving Skilled Care		87.2	94.3 0.92	92.9 0.94	91.6 0.95	86.3 1.01			
Residents Aged 65 and Older		91.0	95.0 0.96	94.8 0.96	93.6 0.97	87.7 1.04			
Title 19 (Medicaid) Funded Residents		74.4	64.9 1.15	66.8 1.11	69.0 1.08	67.5 1.10			
Private Pay Funded Residents		20.5	20.4 1.00	22.7 0.90	21.2 0.97	21.0 0.98			
Developmentally Disabled Residents		2.6	0.8 3.24	0.6 4.14	0.6 4.53	7.1 0.36			
Mentally Ill Residents		30.8	30.3 1.02	36.5 0.84	37.8 0.81	33.3 0.92			
General Medical Service Residents		21.8	23.6 0.92	21.6 1.01	22.3 0.98	20.5 1.06			
Impaired ADL (Mean)		54.4	48.6 1.12	48.0 1.13	47.5 1.14	49.3 1.10			
Psychological Problems		51.3	55.2 0.93	59.4 0.86	56.9 0.90	54.0 0.95			
Nursing Care Required (Mean)		5.1	6.6 0.77	6.3 0.82	6.8 0.75	7.2 0.71			